

ADDENDUM HISTORY

Add Addendum

Edit Notification

Notification Number	Modified By	Current Date
2016-022337847	AA\Mrehfeld	3/10/2016
<input type="text"/>		
Add Addendum		

Operator Project #	Postmark 2/11/16	Date Received(mm/dd/yyyy) 2/17/16	Notification 2016-022337847
1 - Type of Notification (O = Original/ R = Revised / E = Emergency/ C= Canceled): ORIGINAL			
<input type="text"/>			
2-Facility Information (Identify owner, removal contractor, and other operator)			
Owner Name ST. JOHNS UNIVERSITY			
Address 8000 UTOPIA PARKWAY			
City QUEENS	State NY	Zip Code 11439	
Removal Contractor THE ASBESTOS CONTRACTOR, INC.			
Address 20 BRICK COURT, STE. D			
City STATEN ISLAND	State NY	Zip Code 10309	
Contact OWEN KINERY	Telephone 718.608.2290		
Other Operator			
Address			
City	State	Zip Code	
3-Type of Operation (D = Demolition/ O = Ordered Demolition / R = Renovation / E = Emergency/): RENOVATION			

4-Asbestos Present? YES			
5-Facility Description(Including Building name, Building number and Floor/Room number)			
Building Name ST. JOHNS UNIVERSITY			
Address 81-02 UTOPIA PARKWAY			
City QUEENS	State NY	Zip Code	County NY
Site Location BOILER RM., BSMT., EAST WING HALLWAY, EXTERIOR			
Building Size	Square Meter(s)	Square Feet 65000	Number of Floors 5
Age in Years 35	Present Use	Prior Use	
6-Procedure, Including analytical method, If appropriate, Used to detect the presence of asbestos material:			
7-Approximate of RACM to be removed - Specify the amount of asbestos below: <ul style="list-style-type: none"> 1. Regulated ACM to be removed 2. Category 1 ACM not removed 3. Category 2 ACM 	RACM to be removed:	Non Friable asbestos to be removed:	Indicate unit of measurement:
Pipes - Linear Feet			
Surface Area - Square Feet	27,560		SF
Volume RACM off Facility Component			
Scheduled dates of Asbestos Removal: (mm/dd/yyyy)	Start Date: (mm/dd/yyyy) 2/19/16	Completion Date: (mm/dd/yyyy) 2/2/17	
Scheduled Dates of Demolition/Renovation: (mm/dd/yyyy)		Start Date: (mm/dd/yyyy)	End Date: (mm/dd/yyyy)
10 - Description of planned demolition or renovation work, and method(s) to be used:			
11 - Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition and renovation site:			
12 - Waste Transporter #1			
Name: ATC			
Address POB 1044			

City HAMPTON BAYS	State NY	Zip Code 11906
Contact Person: JOE	Telephone: 631.924.5050	
12 - Waste Transporter #2		
Name:		
Address		
City	State	Zip Code
Contact Person:	Telephone:	
13 - Waste Disposal Site		
Name: MINERVA ENTERPRISES		
Address ON FILE		
City	State	Zip Code
		Telephone:
14 - If Demolition is ordered by a government agency, Please Identify agency below:		
Name:	Title:	
Authority		
Date if Ordered (mm/dd/yyyy)	Date Ordered to Begin (mm/dd/yyyy)	
15 - For Emergency Renovations		
Date and Time of Emergency (mm/dd/yyyy)/ h/mm		
Description of the Event		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
16 - Description of procedure to be followed in the event that unexpected asbestos is found or previously non-friable asbestos crumbled, pulverized, or reduced to powder:		
17 - I certify that an individual trained in the provisions of the regulation (40CFR Part 61 Subpart M) will be on-site during the demolition/renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours (Required 1 year after promulgation).		
Signature of Owner/Operator		
Date (mm/dd/yyyy)		
18 - I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
Signature of Owner/Operator		
Date (mm/dd/yyyy)		

